

**Town of North Hempstead**  
**Department of Building Safety, Inspection & Enforcement**  
210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662  
[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

**REQUIREMENTS FOR FENCE PERMIT**  
**RESIDENTIAL PROPERTIES ONLY**

- 1\_\_ Application for a fence permit in duplicate. (both in this packet).
- 2\_\_ Two (2) surveys or two (2) plot plans each indicating proposed location of fencing and proposed height(s).
- 3\_\_ Two (2) copies of owner's affirmation form each signed and notarized. (both in this packet).
- 4\_\_ A full set of insurances from the licensed fence erector. (See enclosed insurance information).
- 5\_\_ The fee for a new fence is based on linear footage. Minimum submission fee is \$62. An exact application fee can be calculated at time of submission or prior to permit issuance. The Town does not accept credit cards at this time. Personal or corporate checks, bank checks, or money orders are accepted as payment. A fee of four (4) times the normal fee must be charged for legalizing a fence erected without a permit.
- 6\_\_ A Short Environmental Assessment form (included) must also be submitted.

Notes:

- A general contractor may not install a fence. Only fence erectors licensed with the Town of North Hempstead may erect a fence.
- If a homeowner wishes to personally install a fence on their own owner-occupied property, they must file a BP-1(12/08) Affidavit of Exemption.
- The homeowner assumes all risks related to the erection of fencing on their property. We highly advise a surveyor stake out your property lines before any fencing is erected, either by a licensed fence erector, or by the home owner.
- Please refer to § 70-100.2.A - "Accessory Structures" of the Town Code for most regulations regarding fence height and location.
- The attached location and allowed height diagram enclosed should answer most questions. Please see us if you have any other questions.
- Six foot high fencing is required for in-ground pools and requires a licensed fence erector for installation. The total six foot fence enclosure of the pool is conditional on the existence of the in-ground pool. Should the in-ground pool be removed in the future, portions of the fence may have to be reduced in height.

**Town of North Hempstead**  
**Department of Building Safety, Inspection & Enforcement**  
210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662  
[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

**TOWN OF NORTH HEMPSTEAD**  
**INSURANCE AND LICENSE REQUIREMENTS FOR A PERMIT**

The Town of North Hempstead, Nassau County, and the State of New York, require that **NO** building permit may be issued until all current insurances and license information is presented for each permit.

**FOR ALL CONTRACTORS: BEFORE EACH PERMIT CAN BE ISSUED**, we require a copy of your current **Nassau County Home Improvement License** (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of their current license. Proof of Insurance shall be submitted by all contractors, as follows: (a) Proof of Commercial General Liability insurance with completed operations (plus X.C.U. when applicable), to which the Town of North Hempstead has been added as additional insured; (b) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance or proof of the applicant not being required to secure same; and (c) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance or proof of applicant not being required to secure same.

**STAND-ALONE PERMITS** (such as plumbing, signs, fences, trees, etc; (any work not connected to a building permit), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Explanation: Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition, alteration, or new home), insurances don't have to be submitted until just before a permit is issued.

**HVAC PERMITS** will only be issued to companies, individuals, or plumber's that hold a Nassau County General Contractors License or a Nassau County Home Improvement License that includes HVAC work. A Nassau County license that states "Air Conditioning" or "Heating & Air Conditioning" is fine. We will be glad to check with Nassau County if there is a question as to coverage for HVAC work.

A **HOMEOWNER** can serve as his own GC on some work if it is only in the home that he currently occupies, using a **BP-1 form**.

A homeowner may also do plumbing work (except any gas related work) on his owner occupied home as well, but must first take a competency test we can provide upon request.

For a **Demolition permit**, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

**Liability** insurance is usually submitted on a standard "Accord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Accord form). What we can accept is stated below:

**Town of North Hempstead**  
**Department of Building Safety, Inspection & Enforcement**  
210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662  
[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

**NEW YORK STATE INSURANCE REQUIREMENTS – General Municipal Law §125, WCL §57 & §220**

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

**1) Form BP-1 (12/08)** Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, **Owner occupied Residence** (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.

**2) Form CE-200 from Group A** attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below

**3)** A form from either or both **Group B and Group C** (which has not been exempted by the CE-200 form).

**The ONLY ACCEPTABLE forms are as follows:**

Group	Form No.	Description
A	CE-200	Certificate of Attestation For New York Entities With <u>No</u> Employees and Certain Out of State Entities That New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not Required.
B	C-105.2 (9-07)	Certificate of Worker's Compensation Insurance
B	SI-12 (10/03)	Certificate of Worker's Compensation Self Insurance
B	GSI-105.2 (2/02)	Certificate of Participation in Worker's Compensation Group Self Insurance
B	U-26.3	New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included)
C	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance
C	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.

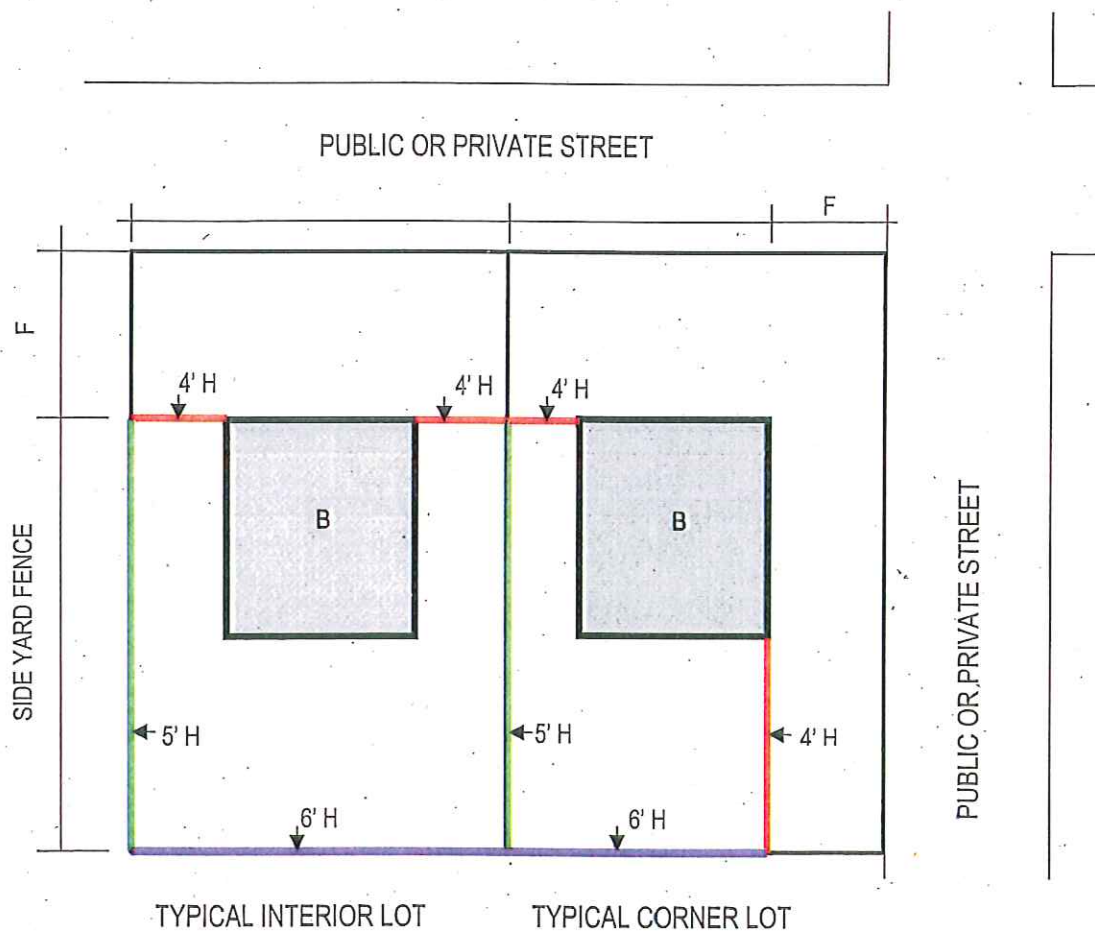
**LOCAL LAW 1 OF 2011  
RESOLUTION NO 46-2011  
ADOPTED BY THE TOWN BOARD ON JANUARY 25, 2011**

**CHANGE TO PERMITTED FENCE HEIGHTS IN RESIDENCE DISTRICTS**

This amends the permitted height restrictions for fences in residence districts as set forth in Section 70-100.2.

- maintains the four-foot maximum fence height at the front building line
- permits a five-foot maximum fence height along the side property lines, but not forward of the building line established by the front of the dwelling
- permits a six-foot maximum fence height at the rear property line
- fences located at any point in the area between a public or private street and the nearest effective building line are still prohibited

This schematic is to be used in conjunction with the above reference Town Board Resolution and/or Chapter 70 of the Town Code. It is not to be relied upon as a sole reference.



B = Building (House)

F = Front yard forward of the building line as established by the front of the dwelling

**Town of North Hempstead**  
**Department of Building Safety, Inspection & Enforcement**  
210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662  
[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

Application No.: \_\_\_\_\_  
Permit No.: \_\_\_\_\_  
Certificate No.: \_\_\_\_\_

**APPLICATION FOR RESIDENTIAL BUILDING PERMIT**

Issued pursuant to §2.9 of the Code of the Town of North Hempstead

PLEASE FILL OUT IN TRIPLICATE **COMPLETELY** AND TYPE OR PRINT LEGIBLY

New Construction [ ]    Addition or Renovation [ ]    Maintain Existing Structure [ ]

---

---

**ADDRESS OF PERMIT ACTIVITY:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot(s):** \_\_\_\_\_ **Zoning District:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** NY **Zip:** \_\_\_\_\_

**DESCRIPTION OF WORK:** \_\_\_\_\_

---

---

**PROPERTY OWNER'S CURRENT ADDRESS:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ License # \_\_\_\_\_

Business / Corp Name: \_\_\_\_\_

Current Home/Corp Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # \_\_\_\_\_ Bus / Home # \_\_\_\_\_ Fax # \_\_\_\_\_

**APPLICANT:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ License # \_\_\_\_\_

Business / Corp Name: \_\_\_\_\_

Current Home/Corp Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # \_\_\_\_\_ Bus / Home # \_\_\_\_\_ Fax # \_\_\_\_\_

**Town of North Hempstead**  
**Department of Building Safety, Inspection & Enforcement**  
210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662  
[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

**ARCHITECT/ENGINEER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ License # \_\_\_\_\_  
Business / Corp Name: \_\_\_\_\_  
Current Home/Corp Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell # \_\_\_\_\_ Bus / Home # \_\_\_\_\_ Fax # \_\_\_\_\_

**CONTRACTOR:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ License # \_\_\_\_\_  
Business / Corp Name: \_\_\_\_\_  
Current Home/Corp Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell # \_\_\_\_\_ Bus / Home # \_\_\_\_\_ Fax # \_\_\_\_\_

**ELECTRICIAN:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ License # \_\_\_\_\_  
Business / Corp Name: \_\_\_\_\_  
Current Home/Corp Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell # \_\_\_\_\_ Bus / Home # \_\_\_\_\_ Fax # \_\_\_\_\_

**PLUMBER:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ License # \_\_\_\_\_  
Business / Corp Name: \_\_\_\_\_  
Current Home/Corp Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell # \_\_\_\_\_ Bus / Home # \_\_\_\_\_ Fax # \_\_\_\_\_

**Town of North Hempstead**  
**Department of Building Safety, Inspection & Enforcement**  
210 Plandome Road, Manhasset, NY 11030-2326 • Tel. 516-869-6311 • Fax 516-869-7662  
[www.northhempsteadny.gov](http://www.northhempsteadny.gov)

APPLICATION No. \_\_\_\_\_

(For Official Use Only)

**OWNER'S AFFIRMATION FORM**

**\*\*\* PLEASE READ CAREFULLY \*\*\***

[Required for submission with ALL Building Permit Applications.]

I (we) hereby certify that:

1. I (we) agree to permit the Building/Plumbing Inspector and any officer or employee of the Town of North Hempstead (Inspector) to enter upon the premises in the discharge of their duties with this application.
2. Approved plans and a copy of the approved permit shall remain on the premises at all times until a Certificate of Occupancy / Completion / Approval / Existing Use is issued. These plans will be made available to the Inspector upon request. Should these plans not be available when the Inspector requests such plans, the inspector may stop work until the plans are made available.
3. Owner or his representative shall be responsible to arrange for all required inspections.
4. The Inspector shall be given a minimum **forty-eight (48) hours notice** to make the required inspection and no work shall continue without written authorization until such inspection has been completed and approved.
5. Owner or his representative shall be responsible for the presence of the appropriate to arrange for the required inspection as directed by the Building Inspector.
6. Permit shall expire three (3) months from the date of issuance unless construction is in progress. No work is to be started until permit has been received and posted by the owner / applicant.
7. Work shall be permitted between the hours of 7:30 AM and 6:00 PM, Monday through Friday only.
8. Occupancy or Use of the premises without first obtaining all applicable Certificates of Occupancy, Completion or Approval is unlawful and may subject the owner of the premises to the penalties described in the Code of the Town of North Hempstead.

State of New York }  
County of Nassau }

Please print - (property in name of): \_\_\_\_\_ depose and says that  
he/she resides at (current mailing address) \_\_\_\_\_ in that State  
of \_\_\_\_\_, that he/she is the owner in fee of all certain lots, parcels of land shown on the attached survey Section:  
\_\_\_\_\_, Block: \_\_\_\_\_, Lot(s): \_\_\_\_\_, situated, lying and being within the unincorporated area of the  
Town of North Hempstead; that I / We have read and understand items one (1) through eight (8) as herein stated, recognize  
that I / We is or are responsible for all activities occurring on the property, and that failure to comply with any of these items,  
notwithstanding any other items defined in the Code of the Town of North Hempstead, may result in the temporary  
suspension or permanent revocation of the permit(s) issued for construction on the premises in accordance with the Code of  
the Town of North Hempstead.

Signature of Owner: \_\_\_\_\_

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

**Appendix C****State Environmental Quality Review****SHORT ENVIRONMENTAL ASSESSMENT FORM****For UNLISTED ACTIONS Only****PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Municipality _____</span> <span>County _____</span> </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> New           <input type="checkbox"/> Expansion           <input type="checkbox"/> Modification/alteration         </div>	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> Residential           <input type="checkbox"/> Industrial           <input type="checkbox"/> Commercial           <input type="checkbox"/> Agriculture           <input type="checkbox"/> Park/Forest/Open Space           <input type="checkbox"/> Other         </div> Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**



**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

<b>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
<b>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6?</b> If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C. COULD ACTION RESULT IN <b>ANY</b> ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING:</b> (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:  C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:  C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:  C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:  C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:  C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:  C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
<b>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain briefly:	
<b>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, explain briefly:	

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide, on attachments as necessary, the reasons supporting this determination.	
_____ Name of Lead Agency	_____ Date
_____ Print or Type Name of Responsible Officer in Lead Agency	_____ Title of Responsible Officer
_____ Signature of Responsible Officer in Lead Agency	_____ Signature of Preparer (If different from responsible officer)